

**Fill in this information to identify the case:**

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 21, 2017**

**X /s/ LUIS JORGE LUGO VELEZ**

Signature of individual signing on behalf of debtor

**LUIS JORGE LUGO VELEZ**

Printed name

**PRESIDENT**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**  
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**  
 Case number (if known): **17-06925**

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADVANCE RADIOLOGY PO BOX 4129 Mayaguez, PR 00681						\$9,388.00
AIREL LUIS TORRES RIVERA PO BOX 1415 Sabana Grande, PR 00637		PROFESIONAL SERVICES				\$6,174.00
ALLIED COMPUTER SERVICES INC. PO BOX 3320 Caguas, PR 00726-3320		SERVICES				\$10,000.00
BECKMAN COULTER PUERTO RICO INC. PO BOX 742075 Atlanta, GA 30384		MATERIALS				\$26,959.00
DEPARTAMENTO DEL TRABAJO NEGOCIADO SEGURIDAD DE EMPLEO AVE. MUNOZ RIVERA 505 San Juan, PR 00919		LABOR -ESTIMATED	Disputed			\$5,000.00
DIAGNOSTIC IMAGING SUPPLIES & SERV PO BOX 11923 San Juan, PR 00922		SERVICES				\$11,559.34
GUMEDIC HOSPITAL SUPPLIES HC-7 BOX 25200 Mayaguez, PR 00680		SUPPLIES				\$12,505.71

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known) **17-06925**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
HOSPIRA PUERTO RICO LLC PO BOX 71365 San Juan, PR 00936		SUPPLIES				\$4,017.78
JORGE ANGLERO ALFARO URB CONSTANCIA AVE LAS AMERICAS 2746 Ponce, PR 00717		MONEY LOAN TO CORPORATION FROM INVESTOR				\$152,000.00
KRK MEDICAL PO BOX 367391 San Juan, PR 00936		SUPPLIES				\$4,090.13
LEASE OPTION COMPANY INC. PO BOX 40851 San Juan, PR 00940		LEASE DEFICIENCY - DISPUTED	Disputed			\$265,913.00
LISMARY TORRES RODRIGUEZ URB. ALTURAS DE YAUCO M21 CALLE 7 Yauco, PR 00698		SERVICES				\$4,366.00
LUIS LUGO VELEZ MD PO BOX 712 Mercedita, PR 00715		CAPITAL				\$251,638.88
MEDICAL & VACCINE PRODUCTS INC DBA DE VICTORIA MEDICAL PO BOX 7468 Caguas, PR 00726		SUPPLIES				\$7,101.52
MEDIX CORP PO BOX 363 Mercedita, PR 00715		SERVICES				\$6,550.00
MUNICIPIO DE ANASCO PO BOX 1385 Anasco, PR 00610-1385		MEDICAL FACILITIES LEASE	Disputed			\$659,399.99
ORIENTAL BANK PO BOX 364745 San Juan, PR 00936-4745		LOAN USED FOR INVESTMENT				\$152,000.00
POPULAR AUTO PO BOX 366818 San Juan, PR 00936-6818		LEASE DEFICIENCY - ESTIMATED	Disputed			\$10,000.00
SABIAMED PO BOX 6150 Caguas, PR 00726		SERVICES				\$5,895.00

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known) **17-06925**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
UMECO, INC. PO BOX 195536 San Juan, PR 00919		SUPPLIES				\$8,139.85

Fill in this information to identify the case:

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>1,051,391.19</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>1,051,391.19</b>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>0.00</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>1,673,936.34</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>1,673,936.34</b>

Fill in this information to identify the case:

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest  
**\$1,500.00**

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BANCO POPULAR**

**DIP TAX ACCOUNT**

**3107**

**\$148,958.00**

3.2. **BANCO POPULAR**

**DIP - OPERATIONAL ACCOUNT**

**3514**

**\$42,283.38**

3.3. **BANCO POPULAR**

**DIP - PAYROLL ACCOUNT**

**3740**

**\$9,633.00**

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$202,374.38**

#### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (If known) **17-06925**

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 9,200.00 - 4,600.00 = .... \$4,600.00  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 45,861.33 - 0.00 = .... \$45,861.33  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 54,695.79 - 41,126.61 = .... \$13,569.18  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$64,030.51

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<b>Raw materials</b>				
20.	<b>Work in progress</b>				
21.	<b>Finished goods, including goods held for resale</b>				
22.	<b>Other inventory or supplies</b>				
	<b>MEDICAL SUPPLIES</b>	<u>10/30/2017</u>	<u>\$3,138.61</u>	<u>Recent cost</u>	<u>\$3,138.61</u>
	<b>MEDICATION</b>	<u>11/21/2017</u>	<u>\$6,167.14</u>	<u>Recent cost</u>	<u>\$6,167.14</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$9,305.75

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

Debtor COLONIAL MEDICAL MANAGEMENT CORP Case number (If known) 17-06925  
Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <b>OFFICE EQUIPMENT</b>	<b>\$13,844.00</b>	<b>Recent cost</b>	<b>\$13,844.00</b>

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. **\$13,844.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			



Debtor COLONIAL MEDICAL MANAGEMENT CORP Case number (If known) 17-06925  
Name

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

<b>OFFICE AND MEDICAL EQUIPMENT</b>	<b>\$30,811.00</b>	<b>Tax records</b>	<b>\$23,108.25</b>
-------------------------------------	--------------------	--------------------	--------------------

<b>HOSPITAL EQUIPMENT</b>	<b>\$55,310.00</b>	<b>Recent cost</b>	<b>\$55,310.00</b>
---------------------------	--------------------	--------------------	--------------------

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$78,418.25**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

**Current value of debtor's interest**

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor COLONIAL MEDICAL MANAGEMENT CORP  
Name

Case number (If known) 17-06925

**FUTURE CLAIM AGAINST MUNICIPALITY OF RINCON**

**REPAIRS: \$238,629.37**

**MUNICIPALITY DELAY IN LICENSE FOR MEDICAL**

**INSURANCE : \$215,000 AND \$229,788.93 = \$444,788.93**

**\$683,418.30**

Nature of claim

**COLLECTION FOR REPAIRS  
AND EXPENSES INCURRED  
DUE TO MUNICIPALITY DELAY**

Amount requested

**\$683,418.30**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$683,418.30**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (If known) **17-06925**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$202,374.38</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$64,030.51</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$9,305.75</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$13,844.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$78,418.25</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$683,418.30</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,051,391.19</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,051,391.19</b>

**Fill in this information to identify the case:**

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ADMIRAL INSURANCE MB&amp;W BUILDING 28000 CANNON RD Bedford, OH 44146</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4146</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$453.84</b>
3.2	Nonpriority creditor's name and mailing address <b>ADVANCE RADIOLOGY PO BOX 4129 Mayaguez, PR 00681</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>C509</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$9,388.00</b>
3.3	Nonpriority creditor's name and mailing address <b>AIREL LUIS TORRES RIVERA PO BOX 1415 Sabana Grande, PR 00637</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>R711</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>PROFESIONAL SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$6,174.00</b>
3.4	Nonpriority creditor's name and mailing address <b>ALLIED COMPUTER SERVICES INC. PO BOX 3320 Caguas, PR 00726-3320</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>S521</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$10,000.00</b>

Debtor	<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	Case number (if known)	<b>17-06925</b>
Name			
3.5	Nonpriority creditor's name and mailing address <b>AMY SUAREZ CANCEL</b> <b>PO BOX 359</b> <b>Hormigueros, PR 00660</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
3.6	Nonpriority creditor's name and mailing address <b>BECKMAN COULTER PUERTO RICO INC.</b> <b>PO BOX 742075</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>C616</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MATERIALS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,959.00</b>
3.7	Nonpriority creditor's name and mailing address <b>BERNARDO MALAGA COLLAZO MD</b> <b>HC1 BOX 4539</b> <b>Rincon, PR 00677</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1948</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,190.00</b>
3.8	Nonpriority creditor's name and mailing address <b>BRENDA SOTO VALLE</b> <b>HC 60 BOX 15373</b> <b>Aguada, PR 00602</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>V952</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.9	Nonpriority creditor's name and mailing address <b>CARLA VANESSA CASTRO MD</b> <b>37 BELLA VISTA GARDENS</b> <b>Mayaguez, PR 00680</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,780.00</b>
3.10	Nonpriority creditor's name and mailing address <b>CARLOS QUINTANA SANTIAGO</b> <b>BO. ALGARROBO</b> <b>604 CARR 104</b> <b>Mayaguez, PR 00682</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1106</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,780.00</b>
3.11	Nonpriority creditor's name and mailing address <b>CARMEN TORRES FIGUEROA</b> <b>PO BOX 453</b> <b>Aguada, PR 00602</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$777.85</b>

Debtor	<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	Case number (if known)	<b>17-06925</b>
Name			
3.12	Nonpriority creditor's name and mailing address <b>CLARO</b> <b>PO BOX 70366</b> <b>San Juan, PR 00936-8366</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,428.30</b>
3.13	Nonpriority creditor's name and mailing address <b>CLINICAL DIAGNOSTICS OF PR LLC</b> <b>PMB 590</b> <b>PO BOX 29029</b> <b>San Juan, PR 00929</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1281</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$925.00</b>
3.14	Nonpriority creditor's name and mailing address <b>DEPARTAMENTO DEL TRABAJO</b> <b>NEGOCIADO SEGURIDAD DE EMPLEO</b> <b>AVE. MUNOZ RIVERA 505</b> <b>San Juan, PR 00919</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>LABOR -ESTIMATED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.15	Nonpriority creditor's name and mailing address <b>DIAGNOSTIC IMAGING SUPPLIES &amp; SERV</b> <b>PO BOX 11923</b> <b>San Juan, PR 00922</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1126</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,559.34</b>
3.16	Nonpriority creditor's name and mailing address <b>DOCUMENT MANAGEMENT SOLUTIONS</b> <b>LA CUMBRE 273 SIERRA MORENA</b> <b>PMB 132</b> <b>San Juan, PR 00926</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6029</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.42</b>
3.17	Nonpriority creditor's name and mailing address <b>DRUGS UNLIMITED</b> <b>PO BOX 11797</b> <b>San Juan, PR 00910</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1797</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,282.85</b>
3.18	Nonpriority creditor's name and mailing address <b>EFRAIN DIAZ CARRASQUILLO MD</b> <b>PMB 168 BOX 144100</b> <b>Arecibo, PR 00614</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7105</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,040.00</b>

Debtor	COLONIAL MEDICAL MANAGEMENT CORP	Case number (if known)	17-06925
Name			
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>EL SUPERMERCADO MEDICO INC</b> <b>CALLE SAN ANTONIO INT 10</b> <b>Hormigueros, PR 00660</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2106</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212.26</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ELEIDA MELENDEZ GALARZA</b> <b>HC-05 BOX 11037</b> <b>Moca, PR 00676</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0018</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$310.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ER PROFESSIONAL SERVICES CORP</b> <b>HC 03 BOX 30384</b> <b>Aguadilla, PR 00603</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1528</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,259.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>ERVIN SANTIAGO ALICEA</b> <b>HC 37 BOX 5495</b> <b>Guanica, PR 00653</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,079.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>F. BARAGANO INC</b> <b>PO BOX 364421</b> <b>San Juan, PR 00931</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1700</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$842.99</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>GABY AIR CONDITIONING &amp; AUTO COOL</b> <b>CARR 2 KM 141.85</b> <b>BO. QUEBRADA LARGA</b> <b>Anasco, PR 00610</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6491</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>GENTECH BIOMEDICAL INC</b> <b>PO BOX 192438</b> <b>San Juan, PR 00919</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1607</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.00</b>



Debtor	<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	Case number (if known)	<b>17-06925</b>
Name			
3.26	Nonpriority creditor's name and mailing address <b>GUMEDIC HOSPITAL SUPPLIES HC-7 BOX 25200 Mayaguez, PR 00680</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>D519</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$12,505.71</b></u>
3.27	Nonpriority creditor's name and mailing address <b>HENRY SUAREZ RAMOS P/C LCDO EITON ARROYO MUNIZ 00681</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>ALLEGED MALPRACTICE IS DISPUTED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.28	Nonpriority creditor's name and mailing address <b>HIRAM SANTANA BONET REPARTO UNIVERSIDAD CALLE 8 E1 San German, PR 00683</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1179</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$425.00</b></u>
3.29	Nonpriority creditor's name and mailing address <b>HOSPIRA PUERTO RICO LLC PO BOX 71365 San Juan, PR 00936</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>P518</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$4,017.78</b></u>
3.30	Nonpriority creditor's name and mailing address <b>IMAGE FIRST PO BOX 371325 Cayey, PR 00737</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1327</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$1,252.17</b></u>
3.31	Nonpriority creditor's name and mailing address <b>IVETTE ROSADO ORTEGA URB LA CONCEPCION B-7 CALLE ATOCHA Guayanilla, PR 00656</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0025</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$100.00</b></u>
3.32	Nonpriority creditor's name and mailing address <b>JAQUELINE CRESPO ARROYO PO BOX 2097 Anasco, PR 00610</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0028</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$822.00</b></u>

Debtor	<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	Case number (if known)	<b>17-06925</b>
Name			
3.33	Nonpriority creditor's name and mailing address <b>JORGE ANGLERO ALFARO</b> <b>URB CONSTANCIA</b> <b>AVE LAS AMERICAS 2746</b> <b>Ponce, PR 00717</b>  Date(s) debt was incurred <u>2012</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>MONEY LOAN TO CORPORATION FROM INVESTOR</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$152,000.00</u>
3.34	Nonpriority creditor's name and mailing address <b>JORGE L OTERO TORRES</b> <b>URB. JARDINES DEL CARIBE</b> <b>CALLE 1 #108</b> <b>Ponce, PR 00728</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1898</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SERVICES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300.00</u>
3.35	Nonpriority creditor's name and mailing address <b>KELVIN MARTEL GONZALEZ</b> <b>PO BOX 937</b> <b>Anasco, PR 00610</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>G953</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SERVICES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$634.38</u>
3.36	Nonpriority creditor's name and mailing address <b>KIARA DENISE NORIEGA SOTO</b> <b>HC 58 BOX 13584</b> <b>BO. ATAYALA</b> <b>Aguada, PR 00602</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>S707</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SERVICES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,278.00</u>
3.37	Nonpriority creditor's name and mailing address <b>KRK MEDICAL</b> <b>PO BOX 367391</b> <b>San Juan, PR 00936</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>K701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SUPPLIES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,090.13</u>
3.38	Nonpriority creditor's name and mailing address <b>LAB CARE INSTRUMENTS CORP</b> <b>PMB 738</b> <b>WINSTON CHURCHILL AVE 138</b> <b>San Juan, PR 00928</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1190</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SUPPLIES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,848.00</u>
3.39	Nonpriority creditor's name and mailing address <b>LABORATORIO CLINICO TOLEDO, INC.</b> <b>51 CALLE PALMA</b> <b>Arecibo, PR 00612</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>T612</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>SERVICES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,266.67</u>

Debtor Name	Case number (if known)	
<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	<b>17-06925</b>	
<b>3.40</b> Nonpriority creditor's name and mailing address <b>LABORATORIO M LANDRON</b> <b>CALLE JJ ACOSTA 46</b> <b>Vega Baja, PR 00693</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>L500</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,776.61</b>
<b>3.41</b> Nonpriority creditor's name and mailing address <b>LABTECH SOLUTIONS CORP</b> <b>STREET 11 URB MONTE CARLO</b> <b>NUM. 1290</b> <b>San Juan, PR 00924</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1290</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,140.00</b>
<b>3.42</b> Nonpriority creditor's name and mailing address <b>LCDA DAMARIS QUINONES VARGAS</b> <b>PO BOX 429</b> <b>Cabo Rojo, PR 00623</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0207</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,900.00</b>
<b>3.43</b> Nonpriority creditor's name and mailing address <b>LEASE OPTION COMPANY INC.</b> <b>PO BOX 40851</b> <b>San Juan, PR 00940</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>LEASE DEFICIENCY - DISPUTED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$265,913.00</b>
<b>3.44</b> Nonpriority creditor's name and mailing address <b>LISMARY TORRES RODRIGUEZ</b> <b>URB. ALTURAS DE YAUCO</b> <b>M21 CALLE 7</b> <b>Yauco, PR 00698</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0039</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,366.00</b>
<b>3.45</b> Nonpriority creditor's name and mailing address <b>LIZMARIE VEGA CHAPARRO</b> <b>RR 01 BOX 2396</b> <b>Anasco, PR 00610</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0038</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$731.25</b>
<b>3.46</b> Nonpriority creditor's name and mailing address <b>LUIS LUGO VELEZ MD</b> <b>PO BOX 712</b> <b>Mercedita, PR 00715</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1781</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>CAPITAL</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$251,638.88</b>

Debtor <b>COLONIAL MEDICAL MANAGEMENT CORP</b>		Case number (if known) <b>17-06925</b>
Name		
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>LUZ N RODRIGUEZ MERCADO MD</b> <b>HC 02 6216</b> <b>Guayanilla, PR 00656</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1280</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,120.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>MAN SCIENCES GROUP</b> <b>PO BOX 3876</b> <b>Carolina, PR 00984</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>G710</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$596.52</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL &amp; VACCINE PRODUCTS INC</b> <b>DBA DE VICTORIA MEDICAL</b> <b>PO BOX 7468</b> <b>Caguas, PR 00726</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>P511</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$7,101.52</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>MEDICAL BIOTRONICS, INC.</b> <b>PO BOX 2952</b> <b>Bayamon, PR 00957</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>I515</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,187.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>MEDIX CORP</b> <b>PO BOX 363</b> <b>Mercedita, PR 00715</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>C765</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$6,550.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>MIRTA CAMACHO PACHECO</b> <b>HC 04 BOX 11725</b> <b>Yauco, PR 00698</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0047</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>MULTI GASES PR</b> <b>PO BOX 1153</b> <b>Camuy, PR 00627</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>G978</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$190.11</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	Case number (if known)	<b>17-06925</b>
Name			
3.54	Nonpriority creditor's name and mailing address <b>MUNICIPIO DE ANASCO</b> <b>PO BOX 1385</b> <b>Anasco, PR 00610-1385</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>A893</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>MEDICAL FACILITIES LEASE</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$659,399.99</b>
3.55	Nonpriority creditor's name and mailing address <b>NYPRO MEDICAL OF PR</b> <b>PO BOX 810263</b> <b>Carolina, PR 00983</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>P517</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,501.86</b>
3.56	Nonpriority creditor's name and mailing address <b>OLGA J MARTINEZ AMOROS</b> <b>15 ERLICH COURT</b> <b>Lajas, PR 00667</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0049</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.57	Nonpriority creditor's name and mailing address <b>ORIENTAL BANK</b> <b>PO BOX 364745</b> <b>San Juan, PR 00936-4745</b> Date(s) debt was incurred <u><b>6/29/2012</b></u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>LOAN USED FOR INVESTMENT</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152,000.00</b>
3.58	Nonpriority creditor's name and mailing address <b>PEDRO HERNANDEZ VALENTIN</b> <b>CALLE FAMBOYAN 128</b> <b>Ensenada, PR 00647</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>0052</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$472.50</b>
3.59	Nonpriority creditor's name and mailing address <b>PEDRO J ALMODOVAR VEGA</b> <b>HALPER STEAK</b> <b>2412 SAND LAKE RD</b> <b>Orlando, FL 32809</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>V718</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.00</b>
3.60	Nonpriority creditor's name and mailing address <b>PHARMA MEDICAL DISTRIBUTORS CORP</b> <b>PO BOX 2087</b> <b>Coamo, PR 00769</b> Date(s) debt was incurred ____ Last 4 digits of account number <u><b>D756</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$549.83</b>

Debtor	COLONIAL MEDICAL MANAGEMENT CORP	Case number (if known)	17-06925
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>POPULAR AUTO</b> <b>PO BOX 366818</b> <b>San Juan, PR 00936-6818</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>LEASE DEFICIENCY - ESTIMATED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,000.00</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>RICARDO MACHADO TORRES MD</b> <b>PO BOX 619</b> <b>Anasco, PR 00610</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>T951</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,120.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>ROSABEL QUNONES PINA MD</b> <b>URB. EL PEDREGAL</b> <b>CALLE CUARZO G-53</b> <b>San German, PR 00683</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0056</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$720.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>S &amp; R MEDICAL WATE DISPOSAL INC</b> <b>COM LAS FLORES</b> <b>CALLE MARGARITA BXN 9</b> <b>Aguada, PR 00602</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>W515</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,201.97</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>SABIAMED</b> <b>PO BOX 6150</b> <b>Caguas, PR 00726</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>M719</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,895.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>SUR COPY INC</b> <b>EXTE SANTA TERESITA</b> <b>AVE EMILIO FAGOT 3237</b> <b>Ponce, PR 00730-4642</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>I516</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,303.00</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>TORCOS</b> <b>CHEMICAL &amp; JANITORIAL SUPPLIES</b> <b>PO BOX 29708</b> <b>San Juan, PR 00929</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>I755</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>

Debtor Name	Case number (if known)	
<b>COLONIAL MEDICAL MANAGEMENT CORP</b>	<b>17-06925</b>	
<b>3.68</b> Nonpriority creditor's name and mailing address <b>UMECO, INC.</b> <b>PO BOX 195536</b> <b>San Juan, PR 00919</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>C514</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,139.85</b>
<b>3.69</b> Nonpriority creditor's name and mailing address <b>UNIVERSAL CARE CORP</b> <b>PO BOX 1051</b> <b>Sabana Seca, PR 00952</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>1051</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,838.71</b>
<b>3.70</b> Nonpriority creditor's name and mailing address <b>VANESSA MERCADO ORTIZ</b> <b>54 CALLEJON SIMPSON</b> <b>San German, PR 00683</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>0059</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.00</b>
<b>3.71</b> Nonpriority creditor's name and mailing address <b>WATCHES4U</b> <b>CALLE 65 DE INFATERIA</b> <b>SECTOR PUEBLO NUEVO</b> <b>Sabana Grande, PR 00637</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>9999</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279.27</b>
<b>3.72</b> Nonpriority creditor's name and mailing address <b>WESTERN PAPER</b> <b>PO BOX 3996</b> <b>Aguadilla, PR 00605</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>P716</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$398.16</b>
<b>3.73</b> Nonpriority creditor's name and mailing address <b>YAMILETTE VELEZ GONZALEZ MD</b> <b>BO BALBOA</b> <b>ARENAL 21</b> <b>Mayaguez, PR 00682</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>1776</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>PROFESSIONAL SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$620.00</b>
<b>3.74</b> Nonpriority creditor's name and mailing address <b>ZYZON LABORATORY SUPPLIES</b> <b>PO BOX 2081</b> <b>Aguada, PR 00602</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>1209</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>SUPPLIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,024.12</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.



Debtor **COLONIAL MEDICAL MANAGEMENT CORP**  
Name

Case number (if known) **17-06925**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	LCDA JULIETTE DONATO BOFILL PBM 375 1353 AVE LUIS VIGOREAUX Guaynabo, PR 00966-2715	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	LCDA LOURDES GANDARILLA TRABAL DPT TRABAJO EDIF PRUDENCIO MARTINEZ AVE MUNOZ RIVERA 505 San Juan, PR 00908	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	LCDA MARIA DEL C GITANY ALONSO PO BOX 3898 Mayaguez, PR 00681-3898	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	LCDA. ADA MARTINEZ RABASSA AVE LAS AMERICAS BLVD LUIS A FERRE 2174 Ponce, PR 00717	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	LCDO ALEJANDRO J FERNANDEZ MUZAURIETA PO BOX 29314 San Juan, PR 00929	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	LCDO EITON ARROYO MUNIZ 153 CALLE ERINQUE VAZQUEZ BAEZ Mayaguez, PR 00681	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	LCDO. ANGEL ALINEA PARES COND EL CENTRO I SUITE 211 San Juan, PR 00918	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	LCDO. EFRAIN DIAZ CARRASQUILLO PASEO LAS COLONIAS 1705 URB. VISTA ALEGRE Ponce, PR 00717	Line <u>3.57</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	<b>0.00</b>
5b. + \$	<b>1,673,936.34</b>
5c. \$	<b>1,673,936.34</b>



Fill in this information to identify the case:

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

RENTAL OF SPACE FOR CARDIOLOGY LABORATORY IN CDT ANASCO. DEBTOR RECEIVES \$1,300 MONTHLY. IS ASSUMED BECAUSE IS ESSENTIAL FOR REHABILITATION 4 MONTHS

State the term remaining

List the contract number of any government contract

CARDIO LAB SERVICE PSC  
CARR 402 KM 1.8  
BARRIO LAS MARIAS  
Anasco, PR 00610

2.2. State what the contract or lease is for and the nature of the debtor's interest

RENTAL OF SPACE IN CDT PAYS \$1,400 MONTHLY. DEBTOR ASSUMES BECAUSE IS ESSENTIAL FOR REHABILITATION 4 MONTHS

State the term remaining

List the contract number of any government contract

CINGY SUAREZ RIVERA  
CARRETERA 402 KM 1.8  
CDT ANASCO  
Anasco, PR 00610

2.3. State what the contract or lease is for and the nature of the debtor's interest

RENTAL OF A MEDICAL DIAGNOSTIC CENTER - PROPERTY OWN BY MUNICIPIO DE ANASCO. PAYS \$10,666. DEBTOR ASSUMES AND WILL CLAIM SET OFF BECAUSE IS ESSENTIAL FOR REHABILITATION AND OPERATION 3 YEARS

State the term remaining

List the contract number of any

MUNICIPIO DE ANASCO  
PO BOX 1386  
Anasco, PR 00610

Debtor 1 **COLONIAL MEDICAL MANAGEMENT CORP**  
First Name Middle Name Last Name

Case number (if known) **17-06925**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

Fill in this information to identify the case:

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 JORGE ANGLERO ALFARO, MD

URB. CONSTANCIA  
AVE LAS AMERICAS 2746  
PR 00711

ORIENTAL BANK

☐ D \_\_\_\_\_  
☒ E/F 3.57  
☐ G \_\_\_\_\_

2.2 JORGE ANGLERO ALFARO, MD

URB. CONSTANCIA  
AVE LAS AMERICAS 2746  
PR 00711

MUNICIPIO DE ANASCO

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G 2.3

2.3 LUIS J. LUGO VELEZ

PO BOX 712  
Mercedita, PR 00715-0712

MUNICIPIO DE ANASCO

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G 2.3

2.4 PABLO HERNANDEZ HERNANDEZ

HACIENDA PALOMA  
107 CALLE TUQUE  
Luquillo, PR 00773

MUNICIPIO DE ANASCO

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G 2.3

**Fill in this information to identify the case:**

Debtor name **COLONIAL MEDICAL MANAGEMENT CORP**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) **17-06925**

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From **1/01/2017** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$722,719.49**

**For prior year:**  
From **1/01/2016** to **12/31/2016**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$1,058,055.00**

**For year before that:**  
From **1/01/2015** to **12/31/2015**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$957,612.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
Check all that apply

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**Case number (if known) **17-06925**

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. JORGE ANGLERO ALFARO URB CONSTANCIA AVE LAS AMERICAS 2746 Ponce, PR 00717 STOCKHOLDER AND CODEBTOR	2017	\$27,000.00	CAPITAL

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	POPULAR AUTO LLC VS COLONIAL MEDICAL MANAGEMENT CORP I2CI2017-0001	COLLECTION OF MONEY	MAYAGUEZ COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	SECRETARIO DEL TRABAJO Y REC HUMANOS VS. COLONIAL MEDICAL MANAGEMENT CORP I1CI2017-00352	LABOR CLAIM	MAYAGUEZ	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	MUNICIPIO DE ANASCO VS. COLONIAL MEDICAL MANAGEMENT CORP ISCI2017-00629	EVICITION AND COLLECTION OF MONEY	MAYAGUEZ SUPERIOR COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	HENRY SUAREZ RAMOS VS. COLONIAL MEDICAL MANAGEMENT CORP ISCI2016-00886	MALPRACTICE	MAYAGUEZ COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**

Case number (if known) **17-06925**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	LEASE OPTION COMPANY VS. COLONIAL MEDICAL MANAGEMENT JCD2015-0219	COLLECTION OF MONEY	PONCE COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	ORIENTAL BANK VS. COLONIAL MEDICAL MANAGEMENT CORP ET ALS TQ2016-170	COLLECTION OF MONEY AND FORECLOSURE	CIALES COURT	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**

Case number (if known) **17-06925**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>1611 Law and Justice for All, Inc. PO BOX 11674 San Juan, PR 00910</b>	<b>\$10,000 For Retainer Fee</b>	<b>11/7/2017</b>	<b>\$10,000.00</b>
	Email or website address <b>1611lawandjustice@gmail.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<b>CENTRO DIAGNOSTICO Y TRATAMIENTO ANASCO CARRETERA 402 KM 1.8 ZONA INDUSTRIAL BO. LAS MARIAS Anasco, PR 00610</b>	<b>MEDICAL DIAGNOSTIC AND TREATMENT CENTER</b>	<b>ATTENDS DAILY APPROXIMATELY 30 X 5 YEAR OPERATION 54000</b>
		Location where patient records are maintained (if different from	How are records kept?

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**

Case number (if known) **17-06925**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

facility address). If electronic, identify any service provider.

**CARRETERA 402 KM. 1.8, ZONA INDUSTRIAL, BO. LAS MARIAS ANASCO PR 00610**

Check all that apply:

☒ Electronically

☐ Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

**NAME, ADDRESS, MEDICAL PLAN, BLOOD TYPE, HEALTH CONDITIONS. HIPAA PROTECTED INFORMATION MEDICAL FACILITY**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?



Debtor **COLONIAL MEDICAL MANAGEMENT CORP**Case number (if known) **17-06925****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**

Case number (if known) **17-06925**

Name and address	Date of service From-To
26a.1. <b>EDUARDO OJEDA FIGUEROA CPA OJEDA CPA GROUP PMB 204 BOX 7105 Ponce, PR 00732</b>	<b>2016, 2015, 2014</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address
------------------

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>LUIS LUGO VELEZ</b>	<b>PO BOX 712 Mercedita, PR 00715-0712</b>	<b>PRESIDENT AND TREASURER</b>	<b>33 % APPROXIMATELY</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>JORGE ANGLERO ALFARO</b>	<b>URB CONSTANCIA AVE LAS AMERICAS 2746 Ponce, PR 00717</b>	<b>GENERAL PARTNER</b>	<b>33%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>DAVID ALICEA HERNANDEZ</b>	<b>HC-37 BOX 5377 Guanica, PR 00653</b>	<b>SECRETARY</b>	<b>NONE</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 7

Debtor **COLONIAL MEDICAL MANAGEMENT CORP**Case number (if known) **17-06925**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 21, 2017**

/s/ LUIS JORGE LUGO VELEZ  
 Signature of individual signing on behalf of the debtor

LUIS JORGE LUGO VELEZ  
 Printed name

Position or relationship to debtor **PRESIDENT**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of Puerto Rico**

In re **COLONIAL MEDICAL MANAGEMENT CORP**

Debtor(s)

Case No. **17-06925**

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>0.00</b>
Prior to the filing of this statement I have received .....	\$	<b>0.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 21, 2017**

*Date*

**/s/ ADA M. CONDE, ESQ.**

**ADA M. CONDE, ESQ. USDCPR206209**

*Signature of Attorney*

**1611 LAW AND JUSTICE FOR ALL, INC.**

**PO BOX 11674**

**San Juan, PR 00910-2774**

*Name of law firm*

**United States Bankruptcy Court  
District of Puerto Rico**

In re **COLONIAL MEDICAL MANAGEMENT CORP**

Debtor(s)

Case No. **17-06925**

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **November 21, 2017**

Signature **/s/ LUIS JORGE LUGO VELEZ**  
**LUIS JORGE LUGO VELEZ**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Puerto Rico**

In re **COLONIAL MEDICAL MANAGEMENT CORP**

Debtor(s)

Case No. **17-06925**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **November 21, 2017**

**/s/ LUIS JORGE LUGO VELEZ**

**LUIS JORGE LUGO VELEZ/PRESIDENT**

Signer/Title